

12/4/07

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

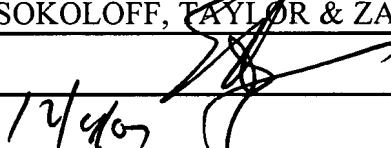
		Application No.	10/734,405
		Filing Date	December 11, 2003
		First Named Inventor	Sung-Ik Park
		Art Unit	2611
		Examiner Name	Tayong, Helene E
Total Number of Pages in This Submission	10	Attorney Docket Number	51876P439

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After-Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 50px; width: 100%;">Return Postcard</div>
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	12/4/07

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Linda Metz	
Signature		Date 12-4-07

Based on PTO/SB/21 (10-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 10/05/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



EE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

<i>Complete if Known</i>	
Application Number	10/734,405
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Art Unit	2611
Attorney Docket No.	51876P439

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

Credit any overpayments

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	10	0	25.00	\$0.00
Independent Claims	2	0	105.00	\$0.00
Multiple Dependent				=

Large Entity		Small Entity		<u>Fee Description</u>	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	50	2202	25	Claims in excess of 20	
1201	210	2201	105	Independent claims in excess of 3	
1203	370	2203	185	Multiple Dependent claim, if not paid	
1204	810	2204	405	**Reissue independent claims over original patent	
1205	810	2205	405	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)				(\\$)	0.00

***or number previously paid, if greater. For Reissues, see below*

2 ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	460	2252	230	Extension for reply within second month
1253	1,050	2253	525	Extension for reply within third month
1254	1,640	2254	820	Extension for reply within fourth month
1255	2,230	2255	1,115	Extension for reply within fifth month
1401	510	2401	255	Notice of Appeal
1402	510	2402	255	Filing a brief in support of an appeal
1403	1,030	2403	515	Request for oral hearing
1451		2451		Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	810	1809	405	Filing a submission after final rejection (37 CFR § 1.129(e))
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))

Fee Paid

Other fee (specify)

SUBTOTAL (2)

6

Complete (if applicable)

Submitted by		Complete (if applicable)		
Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone
Signature			Date	1/14/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 02/26/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450